



**REVOCATION OF POWER OF
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Application Number	10/725,171
Filing Date	December 1, 2003
First Named Inventor	Michael J. Haun
Art Unit	1731
Examiner Name	Russell J. Kemmerle III
Attorney Docket Number	25398B

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Michael J. Haun		
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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Michael J. Haun		
Date	March 27, 2008	Telephone	808-963-6213

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

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